Annual Lifeline Eligible Telecommunications Carrier Certification Form All carriers must complete all or portions of all sections Form must be submitted to USAC and filed with the Federal Communications Commission

IMPORTANT: PLEASE READ INSTRUCTIONS FIRST

Deadline: January 31st (Annually)

Service Provider Identification Number (SPIN) C) must provide a certification form for each SAC through which it provides Lifeline service).
Boomerang Wireless LLC
ETC Name
Name Holding Company Name blank) (If same as ETC name, list "N/A" Do not leave blank)
liated ETCs? Yes No 🖸
the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be e Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly, s under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47
Affiliated ETC's Name
]

ETCs Subject to the Non-Usage Requirements

All ETCs must complete the appropriate check-box. ETCs that do not assess and collect a monthly fee from their Lifeline subscribers are subject to the non-usage requirements. ETCs subject to the non-usage requirements must indicate the number of subscribers de-enrolled by month in Section 4. ETCs that only assess a fee but do not collect such fees are subject to the non-usage requirements and must also indicate the number of subscribers de-enrolled by month.

Is the ETC subject to the non-usage requirements?

Yes 🖸

No O

If yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

р	Q
Month	Subscribers De-Enrolled for Non-Usage
January	29
ebruary	18
March	28
pril	17
ay	G
ine	4
у	35
ugust	48
eptember	Lel
october	4
November	8
December	2/2/
Total Subscribers	2101

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

Initial Certification All ETCs must complete this section

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial KAL

Minimum Service Level

I certify that the company listed above is in compliance with the minimum service levels set forth in the 47 CFR Section

I am an officer of the company named above. I am authorized to make this certification for the SACs listed above.

Initial_KAL

Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

Report the number of Lifeline subscribers due for recertification by month (January-December)

A. Subscribers eligible for recertification by anniversary month

Subscribers de-enrolled prior to recertification attempts

Total number of subscribers ETC is responsible for recertifying (A-B)

			T.,	LAnn	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Year Total
	Jan	Feb	Mar	Apr	Willy			10	1.110	510	9	35	6540
Λ.	0	0	0	0	0	0	12	13	4415	21	178	14	4134
В.	0	0	0	0	0	0	8	8	4080	24	0	21	2401
	U	0	0	0	0	0	4	5	2335	32	9	21	00,704
C.	0	0	U	U									

Recertification Methods

D. Subscribers recertified through ETC access to state or federal database by anniversary month

ort the	number	of eligible s	ubscribers ve	erified throu	gh access to	I Tues	eral database	Aug	Sep	Oct	Nov	Dec	Year Total
-	an	Feb	Mar	Apr	May	Jun	Jui				-	1	1000
			-	1	10	0	0	0	0	0	0	U	U

E. Name of the data source(s) used to verify consumer eligibility:

F. Subscribers contacted by ETC directly to recertify (You may also use this section to report subscriber initiated recertifications).

•				de ETC cor	May	v to obtain r	ecertificatio	of eligibilit	У	Lou	Nov	Dec	Year
eport	the numbe	r of Lifeline	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	1404	Dec	Total
	Jan	Feb	Mai					-	Unco	20	65	21	4203
F	0	0	0	0	0	0	4	1	4000	200			

G. Subscribers who failed to recertify through ETC direct outreach attempt

	20	a. 10 11	aubearibors d	e-enrolled d	ue to incligib	ility or non-	response to	he ETC's ou	Sep	Oct	Nov	Dec	Year
leport		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	*184		Total
	Jan	reb					2X	,	1785	15	43	/	1865
G.	0	0	0	0	0	0	0	- 1	1100				

H. Subscribers who recertified through ETC direct outreach attempt

H. S	subscribers	Willo recei	med diroca		ully recertifie	ed through E	TC's outreac	h attempt.		T 0-4	Nov	Dec	Year
Report	774	of Lifeline :	Mar Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	1107		Total
	Jan	ren	714	-	d	n	16	Ø	2295	17	2	20	0338
H.	0	0	0	Ø	P	0	4						

Subscribers whose eligibility was reviewed by state administrator, third party administrator, or USAC Third Party

I. Subscribe	ers whose ci	igioini,		2727 27400	inates this	al party admi	nistrator, or 1	USAC for th	e purpose of	recertificatio	n.	Year
Report the numb	er of Lifeline	subscribers	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Jan	Feb	Mar	TAP.		-	-	0	0	0	0	0	0
I. 0	0	0	0	0	0	U	U	0				

- J. Name of third party administrator used to verify subscriber eligibility:
- K. Subscribers de-enrolled as a result of a third party recertification attempt

			or a recul	t of incligibil	lity or non-re	sponse to ou	treach from a	I State admin	Can	Oct	Nov	Dec	Year
eport th	ne number	of subscribe	Man	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	100	Total
	Jan	Feb	Mar	Apr						0	0	0	0
_			-	_	0	0	0	0	0	U	U	U	

L. Subscribers who recertified through a state administrator, third party administrator, or USAC's recertification effort

	50030110011		120 0100000	ard although	de a request f	rom a state a	dministrator,	third party a	Sep	, or USAC	Nov	Dec	Year
epor		r of subscrib	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	-	Total
1	Jan	, co		-		0	0	0	0	0	0	0	0
L.	0	0	0	0	0	0							

Certification:

I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on a database. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	

I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. I am an officer of the company named above. I am authorized to make this certification for the SAC(s) listed above.

Initial	KAL

Recertification Method: Third Party I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on an administrator. I am an officer of the company named above. I am authorized to make this certification for the SAC(s)

administrator. I am an officer of the com listed above.	pany named above. I am admonized to	
Initial		
No Subscribers I certify that my company did not claim data year. I am an officer of the company above. Initial	federal low income support for any Li y named above. I am authorized to ma	feline subscribers for the current Form 555 ke this certification for the SAC listed
	N = (D+F+I)	O = M/N*100
$\mathbf{M} = (\mathbf{G} + \mathbf{K})$	N=(D+I+I)	
Total number of subscribers de-enrolled as a result of recertification	Total number of subscribers ETC is responsible for recertifying	Percent of subscribers due for recertification who were de-enrolled

Signature Block

1865

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

4203

Signed, Signature of

klehrman@readywireless.com

Email Address of Officer

Oliver J. Moeller

Person Completing This Certification Form

Kimberley Lehrman, President

44.37

Printed Name and Title of Officer

12/24/2018 Date

3197434641

Contact Phone Number

Affiliated ETCs

	Name
AC	